

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: February 15, 2006

Division: Emergency Services

Bulk Item: Yes X No

Department: Fire Rescue

Staff Contact Person: Susan Hover

AGENDA ITEM WORDING: Approval to waive purchasing policy requiring bid process and issue a purchase order to Ten-8 Fire Equipment, Inc., sole source provider of MSA Self Contained Breathing Apparatus (SCBA) products for Monroe County, in the amount of \$42,714.07 for the replacement of ten destroyed SCBA.

ITEM BACKGROUND: On October 24, 2005 Hurricane Wilma blew through bringing a tidal surge that flooded Monroe County Fire Rescue Training Center including ten SCBA. An insurance claim was filed for the loss of this equipment through Monroe County Risk Management. On December 22, 2005 a settlement check was received from the insurance company, VFIS of Florida, which included a portion in the amount of \$42,710.00 covering this equipment. A quote was obtained for ten SCBA from Ten-8 Fire Equipment, Inc. the sole source provider for this equipment for Monroe County.

PREVIOUS RELEVANT BOCC ACTION: None.

CONTRACT/AGREEMENT CHANGES: None.

STAFF RECOMMENDATIONS: Approval.

TOTAL COST: \$ 42,714.07

BUDGETED: Yes X No
Risk Management Claims - Capital Equipment
503/08503 560640

COST TO COUNTY: \$ 42,714.07

SOURCE OF FUNDS: Insurance Proceeds

REVENUE PRODUCING: Yes No **AMOUNT PER MONTH** **Year**

APPROVED BY: County Atty N/A OMB/Purchasing N/A Risk Management N/A

DIVISION DIRECTOR APPROVAL:


Clark O. Martin, Jr.

DOCUMENTATION: Included X Not Required

DISPOSITION:

AGENDA ITEM #

TEN-8 FIRE

EQUIPMENT
INC.

**IN SERVICE TO
SERVE YOU**

SALES QUOTE

2904 59TH AVENUE DRIVE
EAST
BRADENTON, FL 34203

141 MARITIME DRIVE
SANFORD, FL 32771

IN FLA: 1-800-228-8368

PHONE: 941-756-7779

PHONE: 407-328-5081

FAX: 941-756-2598

FAX: 407-328-5083

or visit us at: www.ten8fire.com

Sales Quote Number: Q108573

Sales Quote Date: 01/12/06

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Sell MONROE COUNTY FIRE
RESCUE
To: 490 63RD STREET, STE.160
MARATHON, FL 33050

Ship MONROE COUNTY FIRE
RESCUE
To: ATTN: B/C Rob Low
490 63RD STREET, STE.160
MARATHON, FL 33050

Ship Via: STANDARD DELIVERY

Payment terms: NET 20 DAYS

Ten-8 Contact: KHUYNH
Customer ID: MONROE

Item No.	Description	Unit	Quantity	Unit Price	Total Price
MSA-KUMD11G00C14CC	FireHawk SCBA W/ Aluminum Cyl. 2216, ICM Tx, With Voice amp.	EACH	10	4,271.407	42,714.07
MSA-809872	CYL&VALVE ALUMINUM L.P. 2216 PSI Inc/Frt	EACH	10	475.779	4,757.79

Amount Subject
to Sales Tax
0.00

Amount Exempt
from Sales Tax
47,471.86

Subtotal: 47,471.86
Invoice Discount: 0.00
Sales Tax: 0.00
Total: 47,471.86

Quote submitted by: KHUYNH



MEMORANDUM

TO: Acelia Cucci

FROM: Maria Slavik, CPM *MS*
Risk Management Administrator

DATE: January 6, 2006

SUBJECT: Settlement Of Portable Equipment

Please find enclosed check #0000188741 in the amount of \$73,952.71 from Glatfelter Claims Management, Inc for Replacement of Portable of Equipment Damaged by Flood less \$100 Deductible.

Please deposit into:

503-369-010- Insurance

Your attention in this matter will be greatly appreciated.

December 22, 2005

Ms. Maria Slavik
Monroe County Risk Management
PO Box 1026
Key West, FL 33041-1026

Re: Hurricane Damaged Vehicles & Portable Equipment
D/L 10/24/05

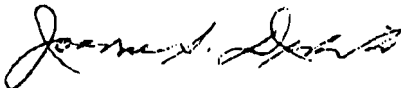
Dear Maria,

Enclosed is our check in the amount of \$73,952.71, as settlement of the above noted Portable Equipment claim.

Also enclosed are numerous checks for preventative maintenance done on several of the vehicles. An explanatory letter from our Claims Department is included with those checks.

We are happy to have been of service. Please don't hesitate to contact me if there are any questions.

Sincerely,



Joanne S. Dedrick

jsd
Enc.

VFIS of Florida • One South Ocean Blvd., Suite 310 • Boca Raton, Florida 33432
(561) 447-7952 • (800) 995-8554 • Fax (561) 447-9690 • www.vfis.com



Glatfelter Claims Management, Inc.
P O Box 5126
York, PA 17405
(800) 233-1957

VFIS OF FLORIDA
ONE S. OCEAN BLVD., SUITE 310
BOCA RATON, FL 33432

PAYMENT IS BEING ISSUED FOR: REPLACEMENT OF PORTABLE
EQUIPMENT DAMAGE BY FLOOD,
LESS \$100 DEDUCTIBLE.

CHECK NUMBER: 0000188741
CLAIM NUMBER: FLTR205110307-01
PAYMENT AMOUNT: \$*****73,952.71

Payment on behalf of American Alternative Insurance Corp.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and subject to criminal prosecution and civil penalties.

RYDERD
VFIS

Please detach voucher and deposit check promptly.

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

		Glatfelter Claims Management, Inc. P O Box 5126 York, PA 17405 (800) 233-1957		50-295 313	CHECK NO. 0000188741 CHECK DATE 12/19/2005 Void 90 days after this date
CLAIM NUMBER FLTR205110307-01	POLICY NUMBER VFISTR0018053-08	PAYEE TAXPAYER ID. 00-0000000	POLICY DATES 10/01/2005 - 10/01/2005		
VFIS OF FLORIDA		POLICY HOLDER THE MONROE COUNTY BOARD OF COUNTY	CLAIMANT THE MONROE COUNTY BOARD OF CO	DATE OF LOSS 10/24/2005	

PAY: Seventy three thousand nine hundred fifty two and 71/100 Dollars

\$*****73,952.71

TO THE ORDER OF THE MONROE COUNTY BOARD OF COUNTY COMMISSIONERS
PO BOX 1026
KEY WEST FL 33041-1026

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑈0000188741⑈ ⑆031300834⑆ 88879143⑈

Claim Worksheet**Insured: The Monroe County Board of Commissioners****Date Prepared: December 15, 2005****Prepared by: Julie Diehl****Loss Location: insured's premise****Policy # VFISTR0018053-06****Claim # FLTR 205110307-01****Description of Loss: Flood****Date of Loss: October 24, 2005**

Item	Quantity	Price	Price per	Total
Recondition hose nozzles	12	250.00	each	3,000.00
Recondition foam inductors	4	250.00	each	1,000.00
Recondition valves	9	500.00	each	4,500.00
Recondition hose washer	1	150.00	each	150.00
Replace helmets	4	212.00	each	848.00
Replace extension cords	3	22.97	each	68.91
Replace Honda Generator model M-650	1	1,240.00	each	1,240.00
Replace chain saw	1	149.99	each	149.99
Replace 35' extension ladder	1	921.00	each	921.00
Replace 24' extension ladder	1	704.25	each	704.25
Replace goggles	1	9.95	each	9.95
Replace tape measure	1	24.97	each	24.97
Replace channellock pliers	1	16.95	each	16.95
Replace adjustable wrench	1	14.99	each	14.99
Replace K-tool lock removal kit	1	118.00	each	118.00
Replace 4 ton friction jack	1	104.50	each	104.50
Replace battery charger	1	69.95	each	69.95
Replace 30"x72" bi-fold table	1	149.99	each	149.99
Replace 18"x72" folding table	3	72.00	each	216.00
Replace 18"x96" folding table	1	81.00	each	81.00
Replace Kore-Kooler Rehab Chairs	6	91.99	each	551.94
Replace Quick Shade Instant Canopies	2	129.00	each	258.00
Replace Portable Utility Shelter, Phillips	1	119.95	each	119.95
Replace Mighty Mister Cooler	2	599.00	each	1,198.00
Replace NIMS city ICS Training system	1	3,295.00	each	3,295.00
Replace training table	1	97.90	each	97.90
Replace web tubing, 1" 25mm	2	93.00	each	186.00
Replace KMill RP-5065 Lineline, Red 150'	2	138.00	each	276.00
Replace CMC Pro Series Rescue Harnesses	5	174.50	each	872.50
Replace Seaberg SAM Splints, 24" aluminum	24	11.95	foot	286.80
Replace Medikits, model 48	3	259.90	each	779.70
Replace glassmaster tool	1	159.95	each	159.95
Replace Hurst Jaws of life power unit 75lb.	1	4,904.55	each	4,904.55
Recondition Hurst Jaws of life spreader assembly	1	2,200.00	each	2,200.00
Replace halyard rope, 1/2", 600'	1	164.00	each	164.00
Replace SCBA airpicks	10	4,271.00	each	42,710.00
Clean sets of gear	30	lump sum	each	925.00
Replace Smoke Machine	1	669.00	each	669.00
Replace training manikin	1	959.99	each	959.99
Replace extension lights, 25'	2	24.99	each	49.98

Evaluate and repair manifolds-to be determined

13

0.00

Sub total:	74,052.71
Less deductible:	100.00
Net total:	73,952.71

MONROE COUNTY**REPORT OF INCIDENT****FAX IMMEDIATELY**

WORKERS COMP at 295-4301 (if employee injury) OR
RISK MANAGEMENT at 295-3179 (property damage or vehicle)
FAXED FROM: 289-6336 **NUMBER:** _____

☐ **Employee injury** ☐ **Vehicle Accident** ☒ **Other**

WHO:	Fire Rescue Academy	Phone: 289-6020	
Name either employee or public		JOB TITLE if employee	
SUPERVISOR:	Battalion Chief Low		
DEPARTMENT:	Fire Rescue	Vehicle ID #	
WHAT: TYPE OF ACCIDENT Hurricane Wilma Damage / Salt Water Submersion			
WHERE: LOCATION OF ACCIDENT Monroe County Fire Academy, 56633 Overseas Hwy. Marathon Fl. 33050			
WHEN: DATE 10/24/05		Throughout the day AM/PM	
MO/ DAY/ YR		TIME	
WHY: DESCRIBE ACCIDENT Storm surge created by Wilma resulted in salt water submersion of equipment for greater than 4 hours			
DESCRIBE INJURY OR PROPERTY DAMAGE: Salt water submersion greater than 4 hours			
Equipment Description: (10) MSA SCBA			
Estimated Cost for replacement: 50,000.00			

MEDICAL ATTENTION REQUIRED: NO

If Personal Property Damage or Injury to the Public:

Name of Owner: _____

Address: _____

Phone #: _____

FILL OUT ACCIDENT INVESTIGATION REPORT AND NOTICE OF INJURY {4 part form} (if employee injury) AND SEND TO YOUR DEPARTMENT HEAD FOR COMMENTS AND SIGNATURES